

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	N.A.		06/24/01
<b>O.I.P.E. CLASSIFIER</b>	13		8/30/01
<b>FORMALITY REVIEW</b>	535		08-21-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	7/2/01
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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2/25/01